

"Poor Man's Psychoanalysis?" Observations on Dianetics

Roy Wallis

The sociology of marginal medicine is a neglected field of endeavor. There exist only a mere handful of brief accounts of unorthodox therapeutic practices and their development in Western societies. I shall seek, therefore, to provide a contribution to this scant literature, in the belief that such studies are not only of intrinsic interest but also provide insight into a number of strains and tensions generated by advanced industrial societies and into some of the less orthodox methods of coping with them. This essay offers an account of a marginal therapeutic system, Dianetics, which briefly emerged into prominence in the early 1950s.¹

Dianetics was the discovery of L. Ron Hubbard, an individual with a colorful past who began in 1948 and 1949 to formulate a theory of mental functioning and a therapeutic practice, with which he experimented on a small group of followers in New Jersey. Among these followers was a book publisher and the editor of *Astounding Science Fiction* magazine, John W. Campbell. Campbell, a man of considerable influence on the magazine's substantial readership, had a persistent sinusitis condition that was alleviated by Dianetics. He thereafter actively promoted the theory in his magazine (Campbell 1949, p. 80).

1. This article is based on extensive research into Dianetics and Scientology undertaken by the author. This research involved interviews with members and former members, the use of questionnaires, and the examination of a wide range of documentary sources. The study was funded in part by a generous grant from the Social Science Research Council. The research is reported in full in my book (Wallis, 1976a). This article draws heavily on Part II of this book and is an abbreviated and modified version of a longer paper (Wallis, 1976b). I am grateful to Dr. Bryan Wilson, Fellow of All Souls College, for advice and encouragement throughout, and to Professor John Lee, Scarborough College, University of Toronto, for his comments on an earlier version.

Campbell's excitement with this new discovery was readily conveyed to his readers, and inquiries began to flow into the magazine's editorial offices asking for treatment by, or information on, the practice. In April 1950 Hubbard and his associates established the Hubbard Dianetic Research Foundation. In the following weeks a lengthy article by Hubbard appeared in *Astounding* (Hubbard 1950); and, shortly after, he published a book describing the theory and practice. The trickle of inquiries turned into a deluge, and his book *Dianetics: The Modern Science of Mental Health* (Hubbard 1968; original ed. 1950) rapidly became a best-seller.

The theory of Dianetics

Hubbard construed the mind as possessing two parts. The first part, the *analytical mind*, was a thoroughly rational unit that operated with computerlike efficiency and had capacities considerably greater than those exhibited by most human beings. The second part, the *reactive mind*, was thoroughly irrational and interfered with the analytical mind, thereby preventing it from achieving its full potential. The reactive mind had evolved, Hubbard believed, as a means of protecting the delicate machinery of the analytical mind. In the face of pain, emotional trauma, or other threat to the individual's survival, the analytical mind would "shut off," and the reactive mind—a more robust mechanism—would come into operation. The reactive mind was a perfect recording device. It stored all perceptual details of the entire period when the analytical mind was not operating and directed the organism in ways which had, according to information stored in its "memory bank," previously led to the organism's survival. Hence, even during periods of what were normally construed as unconsciousness, the reactive mind would be recording. Known as *engrams*, these recordings contained all the sensory (or what Hubbard referred to as "perceptic") details of periods of pain, unconsciousness, emotional loss, or trauma, and all the associated affect.

If, in the formation of the engram, words were spoken, these words might have a later effect similar to that of a posthypnotic suggestion. If the words were subsequently repeated, the engram would be "keyed-in," or partially restimulated, and could subsequently lead the individual to behave in "aberrated" ways, suffer physical or mental illness, or otherwise impair his capabilities.

One of Hubbard's more radical "discoveries" was that the most important engrams, in terms of their effects on later behavior and perform-

ance, were formed during intrauterine life. He gives examples of this in *Dianetics: The Modern Science of Mental Health*, most of which involve violence of some kind, either directed at the fetus in the form of an unsuccessful abortion attempt or between the parents of the fetus. One case which he reports involved 81 abortion attempts, which even Hubbard admits was "an incredible number" (Hubbard 1968, p. 314).

An example of such an engramic situation is described as follows: "Fight between mother and father shortly after conception. Father strikes mother in stomach. She screams (first percepts [sic] are pain, pressure, sound of blow and scream) and he says, 'God damn you, I hate you! You are no good. I'm going to kill you!' Mother says, 'Please don't hit me again. Please don't. I'm hurt. I'm hurt. I'm frantic with pain!' Father says 'Lie there and rot, damn you! Goodbye!' " (Hubbard 1968, p. 262).

Hubbard observes that such an engram can produce disease ("and rot") or lead the "aberee" (i.e., the individual with the engram—in this case, the fetus in later life) to feel other people are no good ("You are no good") and to feel hostility toward them ("I hate you").

The purpose of Dianetic therapy (known as auditing or processing) was to locate and gain access to engrams and to "erase" them from the reactive mind, thus eradicating their effects in the form of psychosomatic illness, emotional tension, or lowered capability, by permitting the analytical mind to operate unimpeded.

Exhausting the reactive mind of engrams would, hence, have a number of highly desirable consequences. The individual would become "self-determined," rather than having his actions determined by his engrams. The analytical mind, being a perfect computer, would always supply the correct answer from information fed into it when relieved of the engrams which led to error. The individual's IQ would rise dramatically. He would be free of all psychological or psychosomatic illness, his resistance to physical illness would be vastly improved, and he would be able to cure himself of other illnesses or injuries much more rapidly. He would, in short, be a "clear." In order to achieve this state, however, it was necessary to locate and release the earliest, or "basic-basic," engram, which had usually occurred shortly after conception.

Therapy

Therapy proceeded in the following manner: The pre-clear (or patient) lay on a bed or couch in a quiet room, while the auditor (or therapist) sat be-

side him. "The auditor tells him to look at the ceiling. The auditor says: 'When I count from one to seven your eyes will close.' The auditor counts from one to seven and keeps counting quietly and pleasantly until the patient closes his eyes. A tremble of the lashes will be noticed in optimum *reverie*" (Hubbard 1968, p. 159).

Hubbard insisted that the process of inducing "Dianetic reverie" was quite different from hypnosis. To ensure against hypnotic suggestion, however, a "canceller" was installed. That is, the pre-clear was told: "In the future, when I utter the word *Cancelled*, everything which I have said to you while you are in a therapy session will be cancelled and will have no force with you. Any suggestion I have made to you will be without force when I say the word *cancelled*. Do you understand?" (Hubbard 1968, p. 200).

The pre-clear was assured he would be aware of everything that happened. When the pre-clear had entered the state of reverie, the auditor would, after various preliminaries, direct the pre-clear to return to "basic-basic." Generally, however, the basic-basic engram was not located so simply, and other, "later-life" engramic material would be brought up. This material had to be "reduced," that is, the pre-clear was asked to return to the beginning of the incident and to recount all the perceptual detail involved in it. He would be directed to recount the incident over and over again, until all the emotion involved in it was discharged.

The pre-clear would then be directed to another, it was hoped, earlier, incident, and the process would be repeated. Ideally, "basic-basic" would be located and erased and the pre-clear then progressively cleared of all subsequent engrams. Often, however, this would not occur, and it would therefore be necessary to end the session at some convenient point. That point was usually after the "reduction" of an engram, that is, when all the affect associated with a particular incident was discharged. A Dianetics session usually lasted for around two hours, but it might continue for much longer if the pre-clear was "stuck in an incident," that is, in an engram.

At the end of the session the pre-clear would be told to "come up to present time." The auditor might then question him as to the time, location, and so forth to ensure that he was "in present time." He would then say "Cancelled" and end the session. "(Work continues until the auditor has worked the patient enough for the period) . . . Come to present time. Are you in present time? (Yes) (Use canceller word.) When I count from five to one and snap my fingers you will feel alert. Five, four, three, two, one. (Snap)" (Hubbard 1968, p. 202).

Dianetics as a cure for illness

Hubbard viewed Dianetic therapy as a uniquely efficacious means of resolving psychosomatic illnesses (which he believed to include *at least* 70 percent of all known illnesses). "Arthritis, dermatitis, allergies, asthma, some coronary difficulties, eye trouble, bursitis, ulcers, sinusitis, etc. form a very small section of the psychosomatic catalogue. Bizarre aches and pains in various portions of the body are generally psychosomatic. Migraine headaches are psychosomatic, and with the others, are uniformly cured by dianetic therapy. (And the word *cured* is used in its fullest sense)" (Hubbard 1968, p. 92).

Even the common cold was psychosomatic, and those cleared by Dianetics, it was said, did not suffer from colds (Hubbard 1968, p. 92). Further, "a number of germ diseases are predisposed and perpetuated by engrams. Tuberculosis is one" (Hubbard 1968, p. 92). So, there are few ills to which mind or flesh are heir that could not be helped by Dianetics.

While Hubbard claimed only to be concerned with producing a theory of the mind and of illness formation on a functional basis and said that structural explanations for the phenomena generated by his practice, or for its success, would follow, he occasionally suggested structural hypotheses to guide future researchers: "Arthritis of the knee, for instance, is the accumulation of all knee injuries in the past. The body confuses time and environment with the time and environment where the knee was injured and so keeps the pain there. The fluids of the body avoid the pain area. Hence a deposit which is called arthritis" (Hubbard 1952, p. 32).

Such matters, however, were of less concern to Hubbard than was producing a theory and method which worked.

Dianetics was initially presented as a practice which anyone of normal intelligence could successfully undertake. A thorough knowledge of the book *Dianetics: The Modern Science of Mental Health* was thought to be all that was necessary, and hence interested persons could "co-audit" each other on the basis of their knowledge of this work (Hubbard 1968, p. xxii). Professional courses were soon established, however, and those interested were encouraged to undertake four weeks of training at a fee of 500 dollars to secure certification as a Hubbard Dianetic Auditor.

Membership and motivation

While Hubbard's book drew many followers briefly to Dianetics, most abandoned it as rapidly as they had taken it up. A core of followers re-

mained, however, and concerning these there is available a certain amount of demographic and motivational data.² The most heavily represented age group in Dianetics was that from 27 to 40 years of age, with the average age estimated to be about 38 years. The sex distribution showed a clear male overrepresentation, and the occupations of followers displayed a marked clustering in white-collar occupational categories. Manual workers were not typical, and indeed the occupational data show a marked tendency for members to have had professional, semiprofessional, or other nonroutine white-collar occupations. As one would therefore expect, the educational level of Dianeticists was higher than that of the general population. Most had completed secondary education, and a large proportion had attended a college or university. Further, available data show that Dianeticists were predominantly consumers of science-fiction literature; they were largely Protestants or agnostics; and many had already acquainted themselves with at least one quasi-philosophical-psychological system, such as Count Alfred Korzybski's General Semantics. They tended also, almost without exception, to be white.

The divergence from the general pattern of followers of other marginal therapeutic movements in Western societies, in which females are typically overrepresented, can be accounted for by the broader scope of Dianetics. Although heavily promoted as a therapeutic system, it did not restrict its domain to the area of physical healing. Rather, its therapeutic capacity was seen as particularly relevant to psychosomatic illness and psychological improvement. Thus much of its appeal was as a lay psychotherapy and self-improvement system rather than merely as a means of curing chronic physical illness. Motivations for taking up Dianetics can be seen as falling into three analytically distinct categories.

1. *The problem solver.* Most individuals recruited to Dianetics were preoccupied with a concern for self-improvement, based upon an acute awareness of their failure to attain the standards of achievement in some areas of life that were approved and reinforced in the society around them. Their concern might be for improvement of a physical, psychological, or social kind. The search for therapeutic efficacy was a prominent source of motivation for many of those who were attracted to Dianetics. Dianeticists sought relief for themselves or other members of their families from

2. The demographic data derives primarily from a survey conducted by a Dianetic newsletter and reported in *The Dianews* 1, 23 (15 June 1952). The motivational data derive from my own documentary analysis, interviews, and questionnaires.

conditions as diverse as cancer, schizophrenia, and agoraphobia.

A large number of Dianeticists, although it is impossible to say what proportion of the total, had a strong sense of capacities latent within them which could be brought to the surface if only a method could be found. An English respondent, for example, indicated that he had hoped Dianetics would prove the solution to his "sense of frustration at not being able to fully use talents I possess." Others admitted to having a deep sense of inferiority or insecurity, which they hoped Dianetics would enable them to overcome.

2. *The truth seeker.* Many individuals were attracted to Dianetics when they came upon it at some point during a lifelong search for meaning and truth. During the course of this search they had often examined the literature of popular philosophy and psychology, of religion, metaphysics, and occultism. Science fiction, with its panoramic vision of man, time, and the cosmos, also provided many with insight into the meaning of life and human behavior. Dianetics, with its assertive claims to infallibility, offered to answer many of the questions which puzzled such individuals and offered a practical and easily operationalized technique to put into effect the truths which it had uncovered. Others came into the orbit of Dianetics because a member of an amateur psychology or philosophy discussion group with which they were associated drew their attention to it.

3. *The career oriented.* A small proportion of individuals were attracted to Dianetics as the source of an alternative career as a professional Dianeticist, or by the possibility that Dianetics was a revolutionary new therapeutic tool which would greatly improve their current practice as therapists, orthodox or unorthodox.

Societal reaction

While the response of the book-buying public rapidly placed Hubbard's book on the best-seller list, it was not everywhere received with enthusiasm. Reviews by psychologists and psychiatrists were almost uniformly unfavorable. Objections were raised to its monocausal determinism and grandiose promises and to its claims to scientific exactitude and an extensive experimental background; and fears were voiced that the severely ill might fatally waste time in Dianetic therapy before seeing a doctor.³ More sympathetic reviewers suggested that Dianetics was harmless enough and

3. Among the hostile reviewers were Rollo May (1950) and Martin Gumpert (1950).

might possibly even be of help to socially isolated individuals.⁴ The benefits of the pre-clear's having a sympathetic listener while he ventilated his problems was recognized by some reviewers, who nevertheless remained concerned about the effects this might have in untrained hands in cases of severe mental disorder (Anonymous 1951a, p. 2). Although some of these reviews may have attracted people to Dianetics, it was the view of informed Dianeticists that the reviews in the larger-circulation periodicals and newspapers were generally so unfavorable that they led many to fall away.

Apart from numerous marginal, limited, and quasi-medical converts, Dianetics was received coldly by the medical, psychiatric, and psychological professions. Dr. Gregory Zilboorg publicly attacked Dianetics before a forum at the New York Academy of Medicine (Anonymous 1951b, p. 6), and a resolution of the American Psychological Association calling on psychologists not to employ Dianetic techniques in their therapy was widely reported (Anonymous 1950a, p. 2). Dr. Joseph Winter, medical director of the first Foundation, attempted to interest his professional colleagues in Dianetics, but with little success. And Dr. Morris Fishbein, a spokesman for the American Medical Association, castigated Dianetics as yet another "mind-healing cult" (Anonymous 1950b).

Some in the medical profession clearly held the view that there was a need for more-active steps to be taken to deal with what was seen by some doctors as a form of quackery. In January 1951 it was reported in a *Bulletin* of the Dianetic Foundation that the New Jersey Board of Medical Examiners had initiated an injunction, which was later vacated, against the Foundation, for conducting a school of medicine without a license. It was almost certainly as a result of the publicity given to this action that creditors of the Foundation began to demand settlement, which led to re-organization and centralization of the Foundation in Wichita, Kansas.

The decline of Dianetics

The major external source of the decline of Dianetics was the fall-off in numbers of new recruits, which led in turn to a financial crisis. The central organization of Dianetics was poorly administered. Hubbard was lecturing in various parts of the country and commuting between Los Angeles and New York during late 1950 and early 1951, and giving little direction to

4. More sympathetic was the review by Willard Beecher and Calder Willingham (1951).

either of these Foundations in their day-to-day administration. He progressively alienated other board members by his practice of initiating developments without consulting them and by what some of them viewed as his increasingly evident authoritarianism.

Large numbers of staff were recruited in the early months without adequate supervision. Foundation income was expended on the assumption that the Dianetics boom would long continue. However, by the beginning of 1951 applications for training and therapy began to drop off and income fell correspondingly. In part, as I have argued, the decline in numbers of new recruits to Foundation services was precipitated by attacks on Dianetics in the press by doctors and psychiatrists and by scathing reviews of Hubbard's book.

Recruitment may also, to some extent, have been affected by adverse publicity resulting from a divorce action in which Hubbard was involved. In particular, however, the decline in numbers was due to the failure of Dianetics to live up to its promise in the eyes of its early public. The state of "clear" that would, it had been promised, emerge after only 20 hours of auditing had not made its appearance, and many individuals who had been working at the technique found their "cases" had improved little or not at all and gave up.

Yet another reason for attrition was the presentation of Dianetics as a psychotherapy. Whatever their feelings about the state of "clear," many people had gone into Dianetics to solve relatively specific problems of illness or psychological handicap. Whether through spontaneous remission, the hope given them by Dianetics, the attention they received as pre-clears, or the therapeutic validity of the practice, a number *had* felt improved. Having secured what they had wanted from Dianetics, some discontinued their involvement.

The Foundation moved toward a financial crisis. Hubbard's co-directors began to resign and the creditors to press for payment. Don Purcell, a Wichita businessman and ardent Dianeticist, offered to assist the Foundation in getting out of its difficulties. The corporation was centralized and its assets moved to Wichita, Kansas, in April and May 1951, where Purcell made funds and a building available. Purcell became president of the Foundation and Hubbard its vice-president and chairman of the board of directors. The other branches were closed down and the number of staff drastically reduced. The New Jersey creditors, however, pressed for settlement of the original Foundation's debts, and a court decision declared the Kansas operation liable as its legal successor. A

receiver was appointed. A compromise settlement of the claims was negotiated, but new claims were filed by other creditors.

Hubbard broke with his colleagues at this point (they then declared the Foundation bankrupt) and moved to Phoenix, Arizona, where he publicized new developments in his theory and practice, which he called Scientology. Scientology, far from being a lay psychotherapy, developed progressively into a highly professionalized religious philosophy and was shortly incorporated as a church.

Self-improvement and healing cults

Dianetics has a place in a continuing tradition of self-improvement movements in the recent history of the United States. Enormously accelerated social mobility and a prevalent ideology of individual achievement led to a concern for infallible techniques that would ensure success for the mobility-oriented. The late nineteenth and early twentieth centuries saw the appearance of various movements and organizations offering access to advanced, occult, metaphysical, or otherwise esoteric knowledge, and some which, more cynically, merely offered certification that access to such knowledge or training had been obtained. The "diploma mill" became an established, if derogated, institution. Movements such as New Thought suggested that prosperity and success were available to everyone. The use of a few simple techniques would enable anyone to overcome the limitations which he believed held him back (Griswold 1934).

Dianetics also found a place in the continuing tradition of healing movements in the United States. Indeed, the two traditions overlapped to a large degree—movements within this domain offering both healing and self-improvement and certifying "professional" competence in the practices purveyed (Steiner 1945). The development of science, particularly medical science, during the nineteenth century led, John Lee has cogently argued, to increased expectations regarding physical health and comfort (Lee 1970, pp. 5-7). These expectations were in excess of what medicine could actually achieve.

The new healing movements such as Christian Science and New Thought offered a means of overcoming this gap between expectation and performance in the realm of physical healing. Medicine became increasingly specialized and compartmentalized, and allopathic medicine directed attention to the disease rather than the individual, which led to a depersonalization of the practitioner/client relationship. The new healing

movements, on the other hand, retained a personal orientation, a concern for the "whole man." Hence, it has been argued that the role of the practitioner in such movements is closer to that of the psychotherapist than to that of the medical practitioner.

As, during the early twentieth century, medical practice became more competent to deal with physical illness, expectations of health and well-being became increasingly centered on the psychological domain and the difficulties of interpersonal relations. Movements, like Christian Science and New Thought, that had claimed efficacy in handling physical illness lost ground, while others arose offering psychological well-being, release of mental and emotional tension, cures for psychosomatic and neurotic illness, techniques for releasing hidden inner abilities, and means of "making friends and influencing people." In such areas science has as yet made little concrete progress, and the market remains open to cultic groups offering knowledge and techniques produced by more mystical, occult, or pseudoscientific means. Whatever the source of such knowledge, the prestige of science has become such as to require that almost every new movement entering this field claim scientific legitimacy and authority, if by no other means than that of incorporating the word *science* in its title.⁵

Discussion

Dianetics struck a powerful resonance in the minds of many Americans in the post-World War II period. It offered a rationale for failure in social mobility and in social interaction. It provided an explanation for this failure in terms of traumatic incidents in which the individual had been unwittingly involved and thereby relieved him of responsibility for his failure. All the past mistakes, failures, and sources of guilt could be wiped out. But most important of all, it offered one a means of eradicating the persisting causes of failure, and thus of attaining the level of achievement to which he aspired. In a status-striving age it provided a means of improving the individual's chances of status mobility. The theory of Dianetics assured its adherent that his "true self," his conception of what he believed he was really capable of achieving, was indeed as he conceived it. It reaffirmed this idealization of self and promised a means of eliminating the barriers to its fulfillment, of eradicating the gap between his "true

5. For example, Science of Mind, Science of Creative Intelligence, Christian Science, *Dianetics: The Modern Science of Mental Health*.

self" and the identity that was typically confirmed in social interaction. Moreover, Dianetics provided a means for understanding not only oneself but also for understanding others, a way of categorizing and accounting for their behavior and a guide to appropriate responses.

Dianetics seems to have been seen as an acceptable and legitimate solution to the problems with which recruits were faced, for two reasons: either they had tried alternative systems of belief and practice and found them unsuccessful; or they had rejected such alternative systems as inappropriate to their situation.

Many of those whom I interviewed claimed an acquaintance with the literature of psychology and expressed dissatisfaction with it. Psychology, as far as they could see, in the 1940s was split between behaviorism and psychoanalysis. Behaviorist psychology seemed to them to have little or no relevance to man in general and no solution to their problems in particular. Psychoanalysis, while it addressed many of the problems which they faced and offered solutions, had two major drawbacks. First, analysis seemed an inordinately lengthy process, often lasting several years. Second, it was too expensive for most to consider it a practical proposition.

Those who were suffering physical ills or disabilities had generally tried medical means of overcoming them but found little satisfaction from medical professionals, few of whom recognized the essentially psychological or social basis of many of the complaints presented to them. Ill-equipped through lack of training to cope with the needs of such patients, they resorted to pharmacological or surgical treatments that, while successful in some cases, left others feeling the need for a treatment practice which took greater account of man as a whole. Other individuals, suffering chronic illnesses for which medical treatment had proved unsuccessful or from illnesses for which effective therapeutic interventions had not yet been discovered, had exhausted all the resources that orthodox medicine could offer. Individuals suffering both physical and mental problems had generally sought solutions in a variety of other therapeutic practices before they came in contact with Dianetics.

Bureaucratization and the scale of modern, urban society produce a context in which many individuals experience a lack of control over their destiny and environment, a sense of being moved and constrained by forces beyond their control. Many of those adherents of Dianetics who did not conceptualize their situation in medical or psychological terms experienced the world in which they lived as more or less unpredictable, chaotic, or meaningless. They sought some means of greater control over

their environment and their reaction to it. Related to this, a small proportion were engaged in therapeutic work of a limited or marginal kind and saw considerable limitations in the tools they had available. A further small proportion claimed a simple intellectual curiosity, which had earlier led them to other systems of self-improvement, metaphysical, or occult knowledge.

While science held great promise, having delivered technological "cargo," and having proved a powerful tool in the improvement of material conditions, it had done little to solve perennial and increasing problems of psychological well-being, to provide cures for certain forms of illness, or to equip man better to cope with his social environment. Dianetics followers tended to conceptualize appropriate solutions to such problems as being "scientific" in form. Their conception of science was, however, a lay conception. It was technological and instrumental in character. What constituted a science was a body of knowledge which appeared to explain some set of phenomena in a rational and consistent way and which provided a means of intervening in the processes involved so as to achieve successful or desired outcomes. Their test of the standing of any body of knowledge was: Does it work? That is, do interventions of the prescribed form issue in the desired outcomes? When after a Dianetics session they felt better than before, they concluded that it did work.

They tended to expect that new and important scientific developments would appear through media or institutions marginal to the scientific and orthodox medical communities. They conceived of these communities as elitist groups with vested interests in the promotion of particular theories and practices and unwilling to accommodate new ideas or even to give them a fair hearing. Hence the innovator would generally need to find a more marginal institutional base in order to get his revolutionary new thoughts heard.

Dianeticists apparently believed in the *immanence of knowledge*—that knowledge was freely available and that anyone who applied himself might expect to secure radically new or deeper insights into the nature of the world. They also believed in the *elitism of science*—that scientists were unwilling to permit any radical challenge to their own views. Since orthodox science was so conservative on this account, the intellectually curious might seek truth in less orthodox realms—in metaphysical or occult groups, marginal healing, philosophical or psychological movements, or science fiction. Science fiction provided all that science lacked, filling in the lacunae of scientific knowledge or competence with fictional or specu-

lative detail and blurring the distinction between the empirical and the conceivable. Converts to Dianetics were mobilized to accept an unorthodox system of belief and practice by the urgency of their need, which orthodox systems had been unable to meet, or by a conviction that radical developments in knowledge were to be anticipated outside the domain of the institutions of orthodoxy, which lacked the vision to generate them.

John W. Campbell, as editor of *Astounding Science Fiction*, was an influential figure in the science-fiction world and its environs. His readership saw him as a man of vision, willing to give any idea a hearing. When Campbell gave his support to Dianetics, interest in the movement was aroused because of his prestige and his enthusiastic acclaim of this new "science of the mind." With the publication of Hubbard's writings, the idea of "clear," like that of "flying saucer" a few years earlier, became a kind of Rorschach blot, a vague and amorphous image upon which any individual could impose his aspirations (Buckner 1965). Being clear, however Hubbard might define it, meant being able to do all those things which one currently could not do and to which one aspired so desperately.

Despite its initial impact, however, Dianetics foundered. It was to re-emerge later as a subcomponent of Hubbard's much more successful and enduring movement, Scientology; but although it reached craze proportions in 1950, by 1952 it had effectively disappeared. Why had this happened?

Paradoxically, one reason for its demise would seem to have been the very popularity of the idea. Unlike chiropractic and osteopathy, which maintained the necessity for specialized training, Dianetics was initially promoted as a lay psychotherapy which any two reasonably intelligent people could conduct on each other on the basis of Hubbard's book. Thousands bought the book, tried the practice, and then, just as readily, abandoned it. Those who remained were fiercely jealous of their independence, resisting control by the central organizations, and introducing new theories and techniques or eclectically combining Dianetics with other practices. Hence Dianetics did not spread on the basis of trained professionals with a commitment to the practice as it had been revealed to them carrying out their practice on an uninformed clientele to whom the "mystery" was unavailable. Early in its history, therefore, Dianetics was riven by competing schools and factions which challenged not only each other's authority but that of the movement's founder as well. Thus the financial crisis which led to the bankruptcy of the central organization and the crisis of authority resulting from the presentation of Dianetics as a lay

psychotherapy in which anyone could become an expert combined to cause the movement's demise.

Hubbard was to demonstrate his understanding of the lessons implicit in these developments when he established Scientology. Scientology was organized from the outset in a highly centralized and authoritarian fashion and was practiced on a professional basis. Its theory and method were only gradually revealed to those who displayed commitment to Hubbard and practiced its techniques in a pure and unalloyed fashion. A rigorous system of social control emerged, and it was made clear to all followers that Hubbard was the sole source of new knowledge and of interpretation of existing knowledge. It has therefore succeeded, up to the present, in avoiding the fissiparousness which had overtaken Dianetics.

REFERENCES

- Anonymous 1950a. "Psychologists Act Against Dianetics." *New York Times*, September 9, p. 7.
- Anonymous 1950b. "Poor Man's Psychoanalysis." *Newsweek*, October 16, pp. 58-59.
- Anonymous 1951a. "Dianetics." *Consumer Reports*, August, pp. 378-80.
- Anonymous 1951b. "Dr. Zilboorg Attacks Dianetics." *New York Times*, March 30, p. 15.
- Beecher, Willard, and Calder Willingham 1951. "Boiled Engrams." *American Mercury*, no. 73 (August): 7.
- Buckner, H. Taylor 1965. "The Flying Saucerians, a Lingering Cult." *New Society*, September 9.
- Campbell, John W. 1949. "In Times to Come." *Astounding Science Fiction* 44, no. 4 (December): 80.
- Griswold, A. W. 1934. "New Thought: A Cult of Success." *American Journal of Sociology* 40, no. 3: 308-18.
- Gumpert, Martin 1950. "The Dianetics Craze." *New Republic*, no. 132, August 14, pp. 20-21.
- Hubbard, L. Ron 1950. "Dianetics: The Evolution of a Science." *Astounding Science Fiction* 45, no. 3 (May): 43-87.
- Hubbard, L. Ron 1953. *Self-Analysis in Dianetics*. London: Derrick Ridgway.
- Hubbard, L. Ron 1968. *Dianetics: The Modern Science of Mental Health*. East Grinstead, Sussex: Hubbard College of Scientology. (Original edition published 1950 by Hermitage House, New York.)
- Lee, John A. 1970. *Sectarian Healers and Hypnotherapy*. Toronto: Queen's Printer.

- May, Rollo. 1950. "How to Back Track and Get Ahead." *New York Times Book Review*, July 2.
- Steiner, Lee R. 1945. *Where Do People Take Their Troubles?* Boston: Houghton Mifflin.
- Wallis, Roy 1976a. *The Road to Total Freedom: A Sociological Analysis of Scientology*. London: Heinemann Educational Books.
- Wallis, Roy 1976b. "Dianetics: A Marginal Psychotherapy." In Roy Wallis and Peter Morley, eds., *Marginal Medicine*. London: Peter Owen, Ltd.